٠.	· -		ريب د اريب	TILLU - PAR	IT (_			10169	7,944
			. (Column 1)		(Column 2)		0		1		
	FOR		NUMBER FILED		(00,011,12)		SMALL ENTITY		OR .	OTHER THAN	
	BASIC FEE			LUCEO .	NUMBER EXT			T	7	SMAL	LENIM
	(37 OFR 1.16	(0))			- CAT	~	RATE	1 655	l		
•••	TOTAL CLAIR	us			٠.			FEE	ļ	RATE	1
	(37 OFR 1.16(c))		minus 20 v				<u></u>	1 3	1 .		· FB
	(37 CFR 1.16(b))				•	- 1	1.25	1	OR	L	1.
	13. OH 1.16	011	_	Jan. 1			x 5 6-03=	!		FO	+
	MIN NO. C			auna 3 a -	_	ı	x s 100		OR	× 50.	ľ
	MOC HACE DE	MULTIPLE DEPENDENT CLAIMPRESENT (37 CFR 1.16/4)					X 5 100°			1,200	
		COMMPRESENT . (37 CFR 1.16(d))							OR	x 5 200	1
. •	If the difference in column 1 is less the						+5.180	_1	-	2100	
	"If the difference in column 1 is less than zero, enter "O" in column 2.								OR	+360	1 1
	1 .	CLAIME	O 44:-		_	TOTAL	- 1			لنسنا	
	CLAIMS AS AMENDED - PART II OR TOTAL										
	· ·				**						
		(Column	1)	(C::							1
	< 191 T	CLAN	10	(Colum		וָנ	C1.14.1			•	. 1
ı			ING	HIGHE	ST		SMALLEN	TITY	OR	OTHER	THAN
	21 110	Y AFTE	3 I	I NUMBE	R. PRESEN	er]	I. T			SMALLE	NTITY
. 1	Total	AMENDM	ENT	PREVIOU	SIY I FYTO.		RATE	ADDI.	- 1		
Į	Total UI CFR 1.560 Livespendent UI OFR 1.560	en 6	Min	PAID FO				TIONAL .	1	RATE	ADD
- 1	Z Independent			20		7	0.2	FEE	- 1	1.	TIOIR
- 1	(3) OFR (.166	n	Min	4.		I	x:25.	. 7	-	-	FEL
ŀ	¥ 50000			3		- 1 1	100		OR X	.50.	
L	- HIST PRES	ENTATION OF WUL	TIPLE DECE	MOCALE	/	<u> </u>	x s_100.	- 1			
		ENTATION OF WUL		MUENT CLAM (7 OFR 1.16(d))	11	+ s (80)=	·	DR X	<u>,200</u>	1
" I.	0 0					⊣ [• 1 .	OR F	3/2)	
Id	2-26-0	7 ·	•				TOTAL				1
	7-30	(Column 1)					ADO'L FEE	_	R TO	TAL	
	ω ·	CLAIMS		(Column	2) (Column 3)				AO	OLFEE	- 1
1 5	= 1.	REMAINING	;	HIGHEST NUMBER		7 _					
10	Z .	AFTER AMENDMEN	- 1	PREVIOUSE	PRESENT	1 1	RATE	~~ [_]		<u> </u>	
	Par cers 1. Held			PAID FOR	EXINA	1.1	- 1 4	DDI- DNAL	1 6	MIE	. 1
15	Digital Linkon	1. 9	Minus		T=	1	6	EE	- 1		ADDI
Ž	GI CFR LIEGH	10	Minus	+		11.	,25		<u> </u>	'	FEE .
NA			1	1 "	2			OR	1 !	50.	
L	FIRST PRESEN	TATION OF W		<u> </u>		×	s 100.				
		TATION OF MULTI	LE DEPENC	ENTOLUM (37 (OFR LISTON			OR	X S	2002	. 7.
ľ	•				(0)		<u>s 180.</u>	. 1			
1						TO	TAL	OR	- 3	60	1
-		(Column 1)			•	AC	OLFEE	OR	TOTA	1	
lο		CLAIMS		(Column 2)	(Column 3)	•	·	J OR	AODY	. FEE,]
	1	REMAINING		HIGHEST	1			•	_	<u> </u>	
I Z		AFTER	1.	NUMBER	PRESENT	1	BATE				- 1
₩	Total	AMENOMENT		PREVIOUSLY PAID FOR	EXTRA	1	RATE ADD)1.	1	-	
á	(11 CFR 1.16(cf)		Minus	THE POR	 	L	TION		RAT	1 ~	
13	Independent (17 OFR 1.16(b))	-			-		25.			Tio	
AMENDMENT	TIT CHER T. I CONT	•	Minus	*** .	-	× s.		1	x 550	~ 	<u>€</u> .
₹	FIRST POSSESS						100	OR		=	1
	THE SENT	- TON OF MULTIPLE OFPENDENT						OR	× , 20	0	
				(37 OF	R 1.16(d)	1	80.	7			
						TOT		OR	. 36	0	
	" If the entry in col	lumn I is less that	n the anter	L		ADO	LFEE	\neg	TOTAL	==	
• •	Hus Highest N	lumn 1 is less that umber Previously umber Previously	Pald For	n column 2, write	: "O" in column 3.			OR	ADD'L F	ee	
	The Highest No	lumn 1 is less that lumber Previously umber Previously mber Previously P	Paid for It	THIS SPACE	s less than 20, en	ler "20"				٠٠ اـــــــ	
his oc	ection of Inform	umber Previously umber Previously P mber Previously P alian is required	aid For Mc	dal or independe	iess (han 3, ente	r 3°.					- 1
SOTA	Ma		N. 27 050		"" I S Y YE TUDDOS!			•			

If the Highest Number Previously Paid For IN THIS SPACE is less than 20, enter '20'.

If the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter '3'.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the information is preparing), and submitting the completed application form to the USPTO. Time will vary depending upon the individual case, any complete this form and/or suggestions for reblucing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS